

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>10/0/0066</u>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2				1		1	52						
3				1		1	53						
4				1		1	54						
5			1		1		55						
6				1		1	56						
7				1		1	57						
8			1		1		58						
9				1		1	59						
10				1		1	60						
11				1		1	61						
12				1		1	62						
13				1		1	63						
14				1		1	64						
15				2		2	65						
16			1		1		66						
17				2		2	67						
18				2		2	68						
19				2		2	69						
20			1		1		70						
21				1		1	71						
22				1		1	72						
23			1		1		73						
24				1		1	74						
25				1		1	75						
26			1		1		76						
27				1		1	77						
28			1		1		78						
29				1		1	79						
30				1		1	80						
31			<del>2</del>		<del>1</del>		81						
32			2		2		82						
33			2		2		83						
34			2		2		84						
35			2		2		85						
36			2		2		86						
37			2		2		87						
38			2		2		88						
39			2		2		89						
40			2		2		90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9		9		TOTAL IND.						
TOTAL DEP.			41		41		TOTAL DEP.						
TOTAL CLAIMS			50		50		TOTAL CLAIMS						